

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Our Docket No.: 28570/US/US

First Named Inventor: Rajinder Singh

Title: Pyridyl Substituted Heterocycles Useful for Treating or Preventing HCV Infection

Express Mail No.: EV324256397US

ADDRESS TO:

**Mail Stop Patent Application
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450**

22387 U.S. PTO
10/6/03
08/22/03

APPLICATION ELEMENTS

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| <p>1. <input checked="" type="checkbox"/> Fee Calculation Sheet
(Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages: 74</p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> Descriptive title of the invention
 <input checked="" type="checkbox"/> Cross References to Related Applications
 <input type="checkbox"/> Statement Regarding Fed. Sponsored R&D
 <input type="checkbox"/> Reference to Microfiche Appendix
 <input checked="" type="checkbox"/> Background of the Invention
 <input checked="" type="checkbox"/> Brief Summary of the Invention
 <input checked="" type="checkbox"/> Brief Description of the Drawings
 <input checked="" type="checkbox"/> Detailed Description
 <input checked="" type="checkbox"/> Claims
 <input checked="" type="checkbox"/> Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawings (35 U.S.C. 113) Total Sheets: 84</p> <p>5. <input type="checkbox"/> Oath or Declaration Total Pages:</p> <p style="margin-left: 20px;"> a. <input type="checkbox"/> Newly Executed (original or copy)
 b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d)) (for continuation/divisional with Box 19 completed)
 i. <input type="checkbox"/> <u>DELECTION OF INVENTORS</u>
 Signed statement attached deleting inventor(s) named in the prior application (37 C.F.R. 1.63(d)(2) and 1.33(b)) </p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet (37 C.F.R. 1.76)</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary)</p> <p style="margin-left: 20px;"> a. <input type="checkbox"/> Computer Readable Form (CRF)
 b. <input type="checkbox"/> Specification Sequence Listing on:
 i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or
 ii. <input type="checkbox"/> paper
 c. <input type="checkbox"/> Statement verifying identify of above copies </p> <p><u>ACCOMPANYING APPLICATION PARTS</u></p> <p>9. <input type="checkbox"/> Certification Under 35 U.S.C. 122(b)(2)(B)(i)</p> <p>10. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>11. <input type="checkbox"/> 37 C.F.R. 3.73(b) Submission</p> <p>12. <input type="checkbox"/> Power of Attorney</p> <p>13. <input type="checkbox"/> Information Disclosure Statement (with Copies of Citations as necessary)</p> <p>14. <input type="checkbox"/> Preliminary Amendment Total Pages:</p> <p>15. <input type="checkbox"/> Certified Copy of Priority document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>17. <input checked="" type="checkbox"/> Return Receipt Postcard (Should be specifically itemized)</p> <p>18. <input type="checkbox"/> Other</p> |
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The PTO did not receive the following listed item(s): Fee Transmittal Sheet